

Internship Application

Due to the workload and demands of this internship, it is highly advised that students do not take classes nor work full time during the semester they participate. The internship will not work around class schedules or work schedules. Please do not apply if this is a concern.

Date of	App	olication:			
		ber:			
		ess:			
Universi	ty: _				
		pol:			
		nd Year applying:			
	•	or multiple internships, only one applic that you are applying for:	cation	is necessary	v. Please mark the
		Early Childhood Home Visiting		Epidemiolo	gy
		Fit and Fall Proof™ Class Leader		Health Education	
		Oral Health (Jan-April Only)		Preparedness	
		Other			
Do you have a reliable form of transportation?				Yes	No
Do you have a valid driver's license?				Yes	No
Are you able to be on your feet for 60 minutes while demonstrating exercises without a resistance band? Yes No					
Are you able to lift 50 pounds?				Yes	No
Are you willing to make this internship your first priority?				Yes	No

How will this internship benefit you?
How do you believe you can benefit the health of the community/public through this internship?
Please list some of your volunteer and community service experiences.
How did you hear about this internship?

Upon completion of this application, please <u>submit application with resume</u> to Internship Coordinator, 1250 Hollipark Drive, Idaho Falls, ID 83401 or Email: <u>tgeisler@eiph.idaho.gov</u>

For additional questions or clarifications, contact Timalee at 208-533-3149.

Application Deadlines:

January – April Semester, due October 15th April – July Semester, due February 15th July – September Semester, due May 31st September – December Semester, due May 31st